MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05480

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md.
LENGTH OF STAY (in this place) 9 hrs. 45 mins.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mem. Hosp. Easton, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg, Md.
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) George (Middle) R. (Last) Adams

4. DATE OF DEATH (Month) May (Day) 21 (Year) 1950

5. SEX M

6. COLOR OR RACE W

7. [redacted], MARRIED, [redacted] (Specify)

8. DATE OF BIRTH Jan. 24, 1920

9. AGE last birthday 30 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cutter in garment company

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Hurlock Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Otho Adams

14. MOTHER'S MAIDEN NAME Myrtle Burpee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. unknown

17. INFORMANT Mrs. Laura Adams - (wife) Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auto accident

(c)

816.5

170c

INTERVAL BETWEEN ONSET AND DEATH 12 hrs +

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY hiway

(CITY OR TOWN) nr. Federalsburg (COUNTY) Caroline (STATE) Md

TIME OF INJURY (Month) 5 (Day) 21 (Year) 50 (Hour) 1230A m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? 2 autos collided

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Louis J Wetty MD (Degree or title) D ME ADDRESS Easton Md DATE SIGNED 5-21-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 5/24/50

NAME OF CEMETERY OR CREMATORY Washington

LOCATION (City, town, or county) Hurlock (State) Md

DATE REC'D BY LOCAL REG. 5/22/50

REGISTRAR'S SIGNATURE N. H. Neeries

24. FUNERAL DIRECTOR Adams & Williamson, Federalsburg Md ADDRESS

49606

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

I

7

RECEIVED
MAY 27 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05481

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 115 Port St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) 115 Port St.

3. NAME OF DECEASED (Type or Print) (First) Norman (Middle) Randolph (Last) Albert

4. DATE OF DEATH (Month) May (Day) 10 (Year) 1950

5. SEX M.

6. COLOR OR RACE Cold

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 1895

9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Farm Hand

11. BIRTHPLACE (State or foreign country) Queen Anne Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Thomas Albert

14. MOTHER'S MAIDEN NAME Elnora Hutchins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W War I

16. SOCIAL SECURITY NO. 213-14-1373

17. INFORMANT Helen Albert (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion — Immed

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple cystic lungs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at C 1A m., from the causes and on the date stated above.

SIGNATURE Louis S Hutty (Degree or title) MD ADDRESS Easton Md DATE SIGNED 5-10-50

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) DATE THEREOF 5/14/50 NAME OF CEMETERY OR CREMATORY Queen Anne LOCATION (City, town, or county) Centreville, (State) Md

DATE REC'D BY LOCAL REG. 5/11/50 REGISTRAR'S SIGNATURE N.H. Neeres

24. FUNERAL DIRECTOR Leon W. Henry ADDRESS Easton Md

866 VII

RECEIVED
MAY 23 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

65482

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton. LENGTH OF STAY (In this place) 2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg R F D
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mrs Ruth. (Middle) E (Last) Bradley.

4. DATE OF DEATH (Month) May (Day) 21 (Year) 1950

5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Feb. 14 - 1929
9. AGE last birthday 21 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Button factory
11. BIRTHPLACE (State or foreign country) Hurlock Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Otho Adams
14. MOTHER'S MAIDEN NAME Myrtle E. Burpee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT Raymond Adams

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured skull
Antecedent cause(s) (b) Auto accident
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

816.5
170c

INTERVAL BETWEEN ONSET AND DEATH: 1 hr

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) hiway
(CITY OR TOWN) W. Federalsburg (COUNTY) Caroline (STATE) Md
TIME OF INJURY (Month) 5 (Day) 21 (Year) 50 (Hour) 12 30 AM
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Autos collided

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Louis Whaty (Degree or title) MD ADDRESS Dme Easton Md DATE SIGNED 5-21-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/24/50
NAME OF CEMETERY OR CREMATORY Washington
LOCATION (City, town, or county) Hurlock (State) Md

DATE REC'D BY LOCAL REG. 5/22/50
REGISTRAR'S SIGNATURE N. H. Neirin
24. FUNERAL DIRECTOR Adams & Williams ADDRESS Federalsburg, Md.

98843

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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VS. A15A

RECEIVED
MAY 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05483

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 1 day 9 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Girl (Last) Twin #1 Brittingham
4. DATE OF DEATH (Month) May (Day) 12 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 11, 1950
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours Min. 11 Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Easton, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Lawrence Edward Brittingham
14. MOTHER'S MAIDEN NAME Jeanette Ernestine Lomax
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Jean. Brittingham

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity

776X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-11, 1950, to 5-12, 1950, that I last saw the deceased alive on 5-12, 1950, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

SIGNATURE M. F. Buell (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 5-12-50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation DATE THEREOF 5/12/50 NAME OF CEMETERY OR CREMATORY Memorial Hospital LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 5/12/50 REGISTRAR'S SIGNATURE N. H. Neirus 24. FUNERAL DIRECTOR Memorial Hospital ADDRESS Easton Md

2-1-5-11-0-17-1-24-0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 23 1950
BUREAU OF

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05484

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 2 hrs 7 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Boby (Middle) Boy (Last) Buttingham Twin #2

4. DATE OF DEATH (Month) May (Day) 11 (Year) 1950

5. SEX Male

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH May 11 - 1950

9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 2 Min. 57

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Lawrence Edward Buttingham Jr.

14. MOTHER'S MAIDEN NAME Jeannette Ernestine Lomax

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Jean Buttingham

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity

776X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5.11, 1950, to 5.11, 1950, that I last saw the deceased alive on 5/11, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE M F Buell (Degree or title) MD ADDRESS Easton Md DATE SIGNED 5-11-50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation DATE THEREOF 5/11/50 NAME OF CEMETERY OR CREMATORY Memorial Hospital LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 5/11/50 REGISTRAR'S SIGNATURE N.H. Neeries 24. FUNERAL DIRECTOR Memorial Hospital ADDRESS Easton Md

2-1-5-11-0-17-1-24-0-

RECEIVED
MAY 23 1950
BUREAU V. S.

Buell.
05485

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton (Rural) — LENGTH OF STAY (in this place): 2 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural (Easton)
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Linda (Middle) May (Last) Cannon
4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow.
8. DATE OF BIRTH: Oct. 10, 1873
9. AGE last birthday: 76 yrs. — If under 1 year: Months 7 Days 18 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Queen Anne Co., Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John R. Comegys
14. MOTHER'S MAIDEN NAME: Davis.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Lillian Mills.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

203x Immediate cause (a) Plasma Cell Myeloma M4 — 3 mo

55e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4-10-50
19b. MAJOR FINDINGS OF OPERATION: Pathological Confirmation of Diagnosis
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1, 1950, to 5-28, 1950, that I last saw the deceased alive on 5-28, 1950, and that death occurred at 8 30 m., from the causes and on the date stated above.

SIGNATURE: M F Buell (Degree or title) Md — ADDRESS: Easton Md — DATE SIGNED: 5-29-50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5/31/50 — NAME OF CEMETERY OR CREMATORY: Spring Hill — LOCATION (City, town, or county): Easton (State) Md

DATE REC'D BY LOCAL REG.: 5/29/50 — REGISTRAR'S SIGNATURE: N. H. Neeries — 24. FUNERAL DIRECTOR: Maurice E. Newnam & Son — ADDRESS: Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 5 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05486

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wye Mills
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Annie
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Centreville
STREET ADDRESS (If rural, give location) between Centreville & Inglesside ✓

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) LILLIE ELLA CHAMBERS

4. DATE OF DEATH (Month) (Day) (Year) May 15 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH March 22-1870
9. AGE last birthday 80 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Queen Annie Co Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Chambers
14. MOTHER'S MAIDEN NAME Annie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Dunbar Chambers Wye Mills Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	30 hrs.
490 x Antecedent cause(s)		
108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Lobar Pneumonia	5 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 11, 1950, to May 15, 1950, that I last saw the deceased alive on May 15, 1950, and that death occurred at 5 50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William C. Lowe MD
ADDRESS Queenstown, Md
DATE SIGNED 5-16-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 19-50
NAME OF CEMETERY OR CREMATORY Chesterfield
LOCATION (City, town, or county) (State) Centreville Maryland

DATE REC'D BY LOCAL REG. 5/16/50
REGISTRAR'S SIGNATURE W. H. Neerer
24. FUNERAL DIRECTOR Barton Bros
ADDRESS Centreville Maryland

RECEIVED
MAY 23 1950
BUREAU V. S

5/5/50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05487

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) 17 N. Aurora St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Clement	Downes	May	18	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	widowed	Aug 30 1868	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
None		md	USA

13. FATHER'S NAME Robert Clement
14. MOTHER'S MAIDEN NAME Margaret West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Miss Mildred Downes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac failure	3 month
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Arterio-sclerotic heart disease	(?)
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Apr, 1946, to 18 May, 1950, that I last saw the deceased alive on 18 May, 1950, and that death occurred at 10:40 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Henry Ira Harrison	M.D.	Easton Maryland	19 May 50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Buried	Friday, 21 May 1950	Dover Cemetery	Dover	Del.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/19/50	M. H. Norris	J. Virgil Moore & Son	Dover

RECEIVED
MAY 27 1950
BUREAU OF M.

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05488

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Tilghman COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) N. (Last) Faulkner

4. DATE OF DEATH (Month) 5 (Day) 19 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3-20-1871
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer
10b. KIND OF BUSINESS OR INDUSTRY Tomatoes & Fish
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Frederick Faulkner
14. MOTHER'S MAIDEN NAME Mary C. Corkran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No.
16. SOCIAL SECURITY NO. None
17. INFORMANT A. M. Faulkner 7008 Marinthana ave Youngstown Ohio

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
421.4	Immediate cause	(a) Hypostatic pneumonia	2 days
92d	Antecedent cause(s)	(b) Heart failure	2 days
	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Chronic valvular Heart disease Hypertension	10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1940, to May 19, 1950, that I last saw the deceased alive on May 19, 1950, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Myrtle Reeves Md. ADDRESS Tilghman Md DATE SIGNED 5/20/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5-27-50
NAME OF CEMETERY OR CREMATORY St. Johns
LOCATION (City, town, or county) Tilghman Talbot (State) Md.

DATE REC'D BY LOCAL REG. 5/20/50
REGISTRAR'S SIGNATURE G. H. Jackson
24. FUNERAL DIRECTOR J. Leeds Moore ADDRESS Tilghman Md

496X

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

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RECEIVED
MAY 26 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05489

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place) 60	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural, give location) R.R.D.

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) HENRY (Last) FOSTER			4. DATE OF DEATH (Month) May (Day) 10 (Year) 1950		
5. SEX Male	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Aug 29, 1890	9. AGE last birthday 59 yrs.	If under 1 year Months 8 Days 00 / If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Labor	10b. KIND OF BUSINESS OR INDUSTRY Farm Labor	11. BIRTHPLACE (State or foreign country) Easton Talbot Co. Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Unknown Charles Albert Foster		14. MOTHER'S MAIDEN NAME Unknown Lizzie Jane Duggan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No.	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Lizzie Thomas Easton Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Immed.

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at c 1130A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Louis S Wetty	MD	Easton Md	5-11-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE May 14/50	NAME OF CEMETERY OR CREMATORY Richards	LOCATION (City, town, or county) Easton Talbot Co. (State) Md
DATE REC'D BY LOCAL REG. 5/11/50	REGISTRAR'S SIGNATURE J. H. Neerus	24. FUNERAL DIRECTOR Carlos Hoffock	ADDRESS Easton Md.

866VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 23 1950
BUREAU V. S

Evidence for addition of 9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05490

FILM No. G 126 JUN 5 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Grahams Alley

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
STREET ADDRESS (If rural, give location): Grahams Alley

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Annie B. Gardner
4. DATE OF DEATH (Month) (Day) (Year): May 2 1950

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: approx Unknown
9. AGE last birthday: 85 Unknown yrs.
If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Talbot Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Chaney
14. MOTHER'S MAIDEN NAME: Fannie Chaney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT: John Gardner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 1 hr

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Art Sch c̄ Hypertension — yrs

94a (c) Obesity 350 lbs + — yrs.

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1950, to 5-2, 1950, that I last saw the deceased alive on 5-1, 1950, and that death occurred at 12:10 a.m., from the causes and on the date stated above.

SIGNATURE: M. F. Buell (Degree or title) MD — ADDRESS: Easton Md — DATE SIGNED: 5-3-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 5/4/50
NAME OF CEMETERY OR CREMATORY: Trappe Colored
LOCATION (City, town, or county) (State): Trappe Md

DATE REC'D BY LOCAL REG.: 5/3/50
REGISTRAR'S SIGNATURE: N. H. Neeres
24. FUNERAL DIRECTOR: Maurice E. Newnam & Son — ADDRESS: Easton - Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05491

Reg. Dist. No. 394

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Off. Tilghman
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Deals Island
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First): Harlan (Middle): (Last): Harris
4. DATE OF DEATH (Month): May (Day): 4 (Year): 1950
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 10-1912
9. AGE last birthday: 37 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer - Cook & Deckhand
10b. KIND OF BUSINESS OR INDUSTRY: Shellboat
11. BIRTHPLACE (State or foreign country): Deals Island, Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William E. Harris
14. MOTHER'S MAIDEN NAME: Mollie E Melbourne
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.: 214-07-8927
17. INFORMANT AND ADDRESS: Bethsida Byrd Marion Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental drowning

850.8

Antecedent cause(s)

172

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Body recovered 8:15 AM 5-2-50

(c) Cons. Boat "Dorchester"

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Choptank River
(CITY OR TOWN): Off Tilghman (COUNTY): Talbot (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): 5 1 50 c 5 P m.
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR? fell off oyster shell planting boat

22. I hereby certify ~~that I attended the deceased from~~ ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: Louis Whitty MD (Degree or title): DME ADDRESS: Easton Md DATE SIGNED: 5-2-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 5/5/1950
NAME OF CEMETERY OR CREMATORY: John Wesely
LOCATION (City, town, or county): Deals Island Som. (State): Md.

DATE REC'D BY LOCAL REG.: 5-3-50
REGISTRAR'S SIGNATURE: G. P. Jackson
24. FUNERAL DIRECTOR: J. Linds Moore ADDRESS: Tilghman Md.

72086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 8 1950
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

not CD

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY: Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
LENGTH OF STAY (in this place): 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 605 Dover Road

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Va. COUNTY: Unknown
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Unknown
STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print) (First) Badger (Middle) (Last) Howell
4. DATE OF DEATH (Month) 5 (Day) 3 (Year) 1950
5. SEX: M.
6. COLOR OR RACE: Cold
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: ~~Unknown~~ about 1884
9. AGE last birthday: about 65 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-09-1749
17. INFORMANT: Bessie Perkins Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Abscess of the head	2 weeks
391.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Otitis media	3-4 weeks
89a	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1948, to May, 1950, that I last saw the deceased alive on May 3, 1950, and that death occurred at 9 P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Hayward T. Webb M.D 633 Dover St. Easton, Md

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~
DATE THEREOF: 5/7/50
NAME OF CEMETERY OR CREMATORY: Scotts Cemetery
LOCATION (City, town, or county): Troppe (State) Md.

DATE REC'D BY LOCAL REG.: 5/4/50
REGISTRAR'S SIGNATURE: N. H. Neerus
24. FUNERAL DIRECTOR: Leon W. Henry, Easton, Md. ADDRESS

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MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

RECEIVED
MAY 15 1950
BUREAU U.S.

05493

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
LENGTH OF STAY (in this place) 60
HOSPITAL OR INSTITUTION OR STREET ADDRESS Tilghman St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
STREET ADDRESS (If rural, give location) Tilghman St.

3. NAME OF DECEASED (Type or Print) (First) Frederick (Middle) Statton (Last) Jewett

4. DATE OF DEATH (Month) May (Day) 25 (Year) 1958

5. SEX M.
6. COLOR OR RACE Col'd
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Feb. 7 1885
9. AGE last birthday 65 yrs. If under 1 year Months 3 Days 18 If under 24 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Owner of Seafood packing co.
11. BIRTHPLACE (State or foreign country) Somerset County
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Elijah Jewett
14. MOTHER'S MAIDEN NAME Lucy Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs Henrietta Jewett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
962.9 Immediate cause	(a) Abscess of the brain	15-16 days
80a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bruise of the head	2-3 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1950, to May 25, 1950, that I last saw the deceased alive on May 25, 1950, and that death occurred at 5.30 m., from the causes and on the date stated above.

SIGNATURE Haynard T. Neff, M.D. (Degree or title) ADDRESS 633 Dover St. Easton, Md. DATE SIGNED

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)
DATE THEREOF 5/30/50
NAME OF CEMETERY OR CREMATORY Richards Memorial Park.
LOCATION (City, town, or county) Easton, Talbot, Md. (State)

DATE REC'D BY LOCAL REG. 5/26/50
REGISTRAR'S SIGNATURE N. H. Neeres
Mrs Robt. L. Seth
24. FUNERAL DIRECTOR Leon W. Henry ADDRESS Easton, Md.

156 VI

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

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RECEIVED
JUN 6 1950
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05494

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Avery Farm
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R. F. D. 4 Easton

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Easton, Md.
STREET ADDRESS (If rural, give location): R. F. D. 4 Easton Md.

3. NAME OF DECEASED (Type or Print): (First) Estella (Middle) (Last) Lawrence

4. DATE OF DEATH: (Month) May (Day) 19 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 6 1806

9. AGE last birthday: 144 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Talbot County Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Alexander Holland

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT: Robert Lawrence

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arabatic Gangrene	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Heart f	1 Week
	(c)	

260 X 61

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Stated

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 13, 1950, to May 19, 1950, that I last saw the deceased alive on 5/19, 1950, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE Raymond T. Webb (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF May 23, 1950 — NAME OF CEMETERY OR CREMATORY: Bozman Church Yard — LOCATION (City, town, or county) (State): Talbot Co.

DATE REC'D BY LOCAL REG. 5/22/50 — REGISTRAR'S SIGNATURE M. A. Nevins

24. FUNERAL DIRECTOR: Leon W. Henry — ADDRESS: Easton, Md.

VS. A15

RECEIVED
MAY 27 1950
BUREAU V. S.

05495

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 55 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) 119 S. Harrison St.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Emma (Last) Leonard
4. DATE OF DEATH (Month) 5 (Day) 6 (Year) 1950

5. SEX F
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH May 16, 1869 YR unknown
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mr. John Mayfor Green
14. MOTHER'S MAIDEN NAME Matilda Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Mrs. Helen M. Carruthers - daughter

18. MEDICAL CERTIFICATION (same address)

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic Mucoid Adenocarcinoma

153x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) probably of Colon origin Yr.?

46e (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Pelvis filled c̄ Metastatic Nodules
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-12, 1950, to 5/6, 1950, that I last saw the deceased alive on 5/5, 1950, and that death occurred at 7:45 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. D. Noble MD ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/8/50
NAME OF CEMETERY OR CREMATORY Louden Park
LOCATION (City, town, or county) Balto. Md. (State) 5/10/50

DATE REC'D BY LOCAL REG. 5/7/50
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 15 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

05496

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Talbot County; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md.
LENGTH OF STAY (in this place) 14 hrs 20 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Easton, Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (ALLIE) (Middle) ELMira (Last) MARVEL

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1950

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Sept 29 1868

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William McNeal

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT: Mrs Mildred Pyffer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Infarction — Hours.

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Arteriosclerotic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

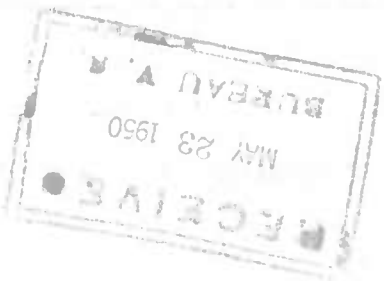
22. I hereby certify that I attended the deceased from Jan, 1950, to May 15, 1950 that I last saw the deceased alive on May 15, 1950, and that death occurred at 2 25 P m., from the causes and on the date stated above.

SIGNATURE Shepard Krech Jr (Degree or title) M.D. ADDRESS Easton DATE SIGNED 5/17/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5/18/50 | NAME OF CEMETERY OR CREMATORY Spring Hill | LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 5/17/50 | REGISTRAR'S SIGNATURE N. H. Meekins | 24. FUNERAL DIRECTOR Cook & Clark ADDRESS Easton Md

VS. A15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MAY 23 1950
BUREAU V. R.

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Dr B 05497 11

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 14 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vine Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) Vine Street

3. NAME OF DECEASED (Type or Print) (First) Eva (Middle) S. (Last) Mason
4. DATE OF DEATH (Month) May (Day) 11 (Year) 1950

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct. 21, 1900 1900
9. AGE last birthday 49 yrs. If under 1 year Months 6 Days 20 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Outside of home
11. BIRTHPLACE (State or foreign country) Talbot Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Levin Mills
14. MOTHER'S MAIDEN NAME Harriet McLaughlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Annie Mills - Easton - Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174x Immediate cause (a) Carcinoma of uterus — INTERVAL BETWEEN ONSET AND DEATH 8 mo

48b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

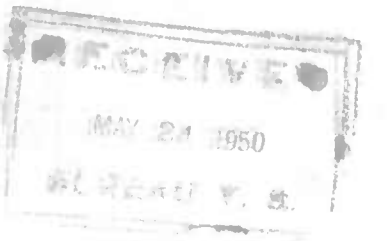
22. I hereby certify that I attended the deceased from 12-9, 1949, to 5-11, 1950 that I last saw the deceased alive on 5-4, 1950, and that death occurred at 3:00 P. m., from the causes and on the date stated above.

SIGNATURE W F Buell (Degree or title) MD ADDRESS Easton Md DATE SIGNED 5-13-50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 13, 1950
NAME OF CEMETERY OR CREMATORY Royal Oak (Rural)
LOCATION (City, town, or county) (State) Royal Oak, Md.

DATE REC'D BY LOCAL REG. 5/12/50
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS Easton - Md.

52086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MAY 24 1950

5/30

MARYLAND STATE DEPARTMENT OF HEALTH

05092

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

1. PLACE OF DEATH
COUNTY Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown, Md.
LENGTH OF STAY (In this place) 4 hours.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital-Easton

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland. COUNTY Kent.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Miller

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 8-1-86

9. AGE last birthday: 62 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dr. William Miller Sr.

14. MOTHER'S MAIDEN NAME: Martha Lasage

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service): Unable to state

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Mrs Lillie Mae Miller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of the stomach — Interval between onset and death: 8 mos.

151 Antecedent cause(s)

46 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Coronary arteriosclerosis; diabetes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/30, 1949, to 5/30, 1949, that I last saw the deceased alive on 5/30, 1949, and that death occurred at 9.48 P m., from the causes and on the date stated above. I=AV

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm Fr Harrison M.D. Easton Maryland 1 June 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 6/2/49 — NAME OF CEMETERY OR CREMATORY: Chester — LOCATION (City, town, or county) (State): Chestertown Md

DATE REC'D BY LOCAL REG. 5/31/49 — REGISTRAR'S SIGNATURE: N. L. Nevers

24. FUNERAL DIRECTOR: Willis Wells — ADDRESS: Chestertown Md

RECEIVED
JUN 6 1949
BUREAU V. S.

05498

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bellevue
LENGTH OF STAY (in this place) all of life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Bellevue COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bellevue
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Josephine (Middle) Beatrice (Last) Moore

4. DATE OF DEATH (Month) May (Day) 10 (Year) 1950

5. SEX Female
6. COLOR OR RACE Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug. 10 1904
9. AGE last birthday 45 yrs. If under 1 year: Months 9 Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Work in Packing House
10b. KIND OF BUSINESS OR INDUSTRY Crab + Oysters
11. BIRTHPLACE (State or foreign country) Bellevue, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Myers
14. MOTHER'S MAIDEN NAME Lavenia Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No. 216-10-8899
17. INFORMANT AND ADDRESS Corina Melton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 6 mo

Antecedent cause(s)

002x

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-7, 1950, to 5-10, 1950, that I last saw the deceased alive on 5-9, 1950, and that death occurred at 9:15 A.m., from the causes and on the date stated above.

SIGNATURE Dr. T. Buell (Degree or title) Md ADDRESS Easton Md DATE SIGNED 5-10-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 13th 1950
NAME OF CEMETERY OR CREMATORY St Pauls Cemetery
LOCATION (City, town, or county) Royal Oak (State) Md

DATE REC'D BY LOCAL REG. 5/12/50
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR John D. Williams ADDRESS Easton Md

496 V1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 23 1950
BUREAU OF

05499

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 18 mos +
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton -
STREET ADDRESS (If rural, give location) Creamery Lane

3. NAME OF DECEASED (Type or Print) (First) Bertie (Middle) (Last) Mullikin
4. DATE OF DEATH (Month) 5 (Day) 16 (Year) 1950

5. SEX Female
6. COLOR OR RACE white
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify) married
8. DATE OF BIRTH about 1892
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY H.W.
11. BIRTHPLACE (State or foreign country) Easton, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm. Hinton
14. MOTHER'S MAIDEN NAME James Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Mrs. Ina Dyott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Anoxia	4 hours.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Ludwigs Angina	3 days.
	(c) Abscess of neck	6 days.

6920
115d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-15, 1950, to 5-16, 1950, that I last saw the deceased alive on 5/16, 1950, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

SIGNATURE J. T. B. Ambler (Degree or title) M.D. ADDRESS Easton, Md. DATE SIGNED 5/18/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/19/50
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 5/17/50
REGISTRAR'S SIGNATURE N. H. Neirus
24. FUNERAL DIRECTOR [illegible] ADDRESS Easton Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) all of life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Tred Avon Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) Tred Avon Ave

3. NAME OF DECEASED (Type or Print) (First) James (Middle) T. (Last) Mullikin.

4. DATE OF DEATH (Month) May (Day) 13 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Feb. 15, 1854
9. AGE last birthday 96 yrs. If under 1 year Months 2 Days 28 If under 24 hrs. Hours 28 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Talbot Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME John Mullikin
14. MOTHER'S MAIDEN NAME Annie Barr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT Mr. Roland Mullikin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic Heart Disease	Years.
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	Years.
93d	(c) —	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May 10, 1950, to May 10, 1950, that I last saw the deceased alive on May 10, 1950, and that death occurred at 11 45 P m., from the causes and on the date stated above.

SIGNATURE Shepard Krech Jr (Degree or title) M.D. ADDRESS Easton, Md. DATE SIGNED 5/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/16/50
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) (State) Easton - Md

DATE REC'D BY LOCAL REG. 5/14/50
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS Easton, Md.

308 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 23 1950
BUREAU OF S

Cox.

05501

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
HOSPITAL OR INSTITUTION OR STREET ADDRESS 125 South Street	STREET ADDRESS (If rural, give location) 125 South Street

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (Last) Price

4. DATE OF DEATH: (Month) May (Day) 14 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 17, 1873

9. AGE last birthday: 76 yrs. If under 1 year: Months 9 Days 27 If under 24 hrs.: Hours ~~24~~ Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Cement finisher

10b. KIND OF BUSINESS OR INDUSTRY: Cement

11. BIRTHPLACE (State or foreign country): Talbot Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Price

14. MOTHER'S MAIDEN NAME: Minta Knox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs. Virginia Ireland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) arteriosclerosis

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) generalized — ?

97 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1949

19b. MAJOR FINDINGS OF OPERATION: amputation st leg

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949 to 5-14, 1950, that I last saw the deceased alive on 5-10, 1950, and that death occurred at 7 a m., from the causes and on the date stated above.

SIGNATURE: B Cox (Degree or title) M-D — ADDRESS: Easton — DATE SIGNED: 5-15-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5/16/50 — NAME OF CEMETERY OR CREMATORY: Spring Hill — LOCATION (City, town, or county) (State): Easton

DATE REC'D BY LOCAL REG.: 5/15/50 — REGISTRAR'S SIGNATURE: N. H. Neerus

24. FUNERAL DIRECTOR: Maurice C. Newnam & Son — ADDRESS: Easton - Md

368V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 23 1950
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH 055502

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe
LENGTH OF STAY (in this place) Nearly all of Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) E. (Last) PRICE

4. DATE OF DEATH: (Month) May (Day) 1, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb 2, 1874

9. AGE last birthday: 76 yrs.

If under 1 year: Months 2; Days 29; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fur Buyer.

10b. KIND OF BUSINESS OR INDUSTRY: Owner.

11. BIRTHPLACE (State or foreign country): Talbot C., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Henry Price

14. MOTHER'S MAIDEN NAME: Sara Townsend

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Samuel E. Price. Trappe, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X
46b

Immediate cause (a) Carcinoma of the Stomach — Interval Between Onset and Death: 6 Mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatoid Arthritis — 11 Yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1949 to May, 1950 that I last saw the deceased alive on Apr. 30th 50, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

SIGNATURE William D. Seymour (Degree or title) ADDRESS Trappe, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial. DATE THEREOF 5/3/50 NAME OF CEMETERY OR CREMATORY Trinity Hill LOCATION (City, town, or county) Trappe Md (State)

DATE REC'D BY LOCAL REG. 5/2/50 REGISTRAR'S SIGNATURE N.A. Nevius

24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS Easton, Maryland

13699

RECEIVED
MAY 15 1950
BUREAU

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05503

Reg. Dist. No. 291

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Claiborne, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Claiborne, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) THURMAN (Middle) LEO (Last) RICHARDSON

4. DATE OF DEATH (Month) May (Day) 24 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH July 2, 1890

9. AGE last birthday 59 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant

10b. KIND OF BUSINESS OR INDUSTRY Grocery

11. BIRTHPLACE (State or foreign country) Tilghman, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Richardson

14. MOTHER'S MAIDEN NAME Emma Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) None

16. SOCIAL SECURITY No. 215-18-5339

17. INFORMANT AND ADDRESS Mrs. Lillian I. Richardson, Claiborne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
410x	Immediate cause	(a) Edema, pulmonary, bilateral, acute	45 min
131a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac hypertrophy mitral stenosis and insufficiency	2 yrs.
		(c) ~~Cardio-vascular-renal disease~~ generalized arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 24, 1950, to May 24, 1950, that I last saw the deceased alive on May 24, 1950, and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE Arthur T. McLolland (Degree or title) M. D. ADDRESS St. Michaels, Md. DATE SIGNED May 24, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE May 27, 1950 NAME OF CEMETERY OR CREMATORY Louden Park Cemetery LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. May 25, 50 REGISTRAR'S SIGNATURE Mrs Robt L. Selk

24. FUNERAL DIRECTOR Newnam & Harrison, St. Michaels, Md. ADDRESS

TALBOT COUNTY MEDICAL EXAMINER - L.S. WELTY - M.D. - NOTIFIED AND DIRECTED CERTIFICATION

15661

RECEIVED
MAY 26 1950
BUREAU Y. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05504

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial	STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print)	(First) Emil	(Middle) W.	(Last) Rieck	4. DATE OF DEATH	(Month) 5	(Day) 19	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M	8. DATE OF BIRTH Nov. 11, 1879	9. AGE last birthday 70 yrs.	If under 1 year Months 6	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm owner	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME John D. Rieck	14. MOTHER'S MAIDEN NAME Caroline Reidel						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Mrs. Emil W. Rieck					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Glio blastoma multiforme	3 mos
193 X Antecedent cause(s)	(b) Ast.	
540 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerotic Heart Disease	10 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from My 19, 1934, to My 19, 1920, that I last saw the deceased alive on ....., 19....., and that death occurred at 2 15 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Lady [illegible]	Mrs	Preston Maryland	10/16/50

23. BURIAL, CREMATION REMOVAL (Specify) B	DATE 5/21/50	NAME OF CEMETERY OR CREMATORY Jr. O. N. A. M	LOCATION (City, town, or county) (State) Preston, Md.
DATE REC'D BY LOCAL REG. 5/20/50	REGISTRAR'S SIGNATURE N. H. Neeries	24. FUNERAL DIRECTOR H. M. Hollis	ADDRESS Preston

H M Hollis

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JUN 21 1950
BUREAU V. S.

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05505

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md. LENGTH OF STAY (in this place) 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bellevue, Md.
STREET ADDRESS (If rural, give location) ——

3. NAME OF DECEASED (Type or Print) (First) Joshua (Middle) Beauchamp (Last) Roe

4. DATE OF DEATH (Month) May (Day) 22 (Year) 1950

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH Mar. 24, 1888 | 9. AGE last birthday 62 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Letter Carrier | 10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Harmony Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mr. Levi D. Roe | 14. MOTHER'S MAIDEN NAME Fannie Camper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. unknown | 17. INFORMANT Mr. Lawrence Roe (nephew) St. Michaels Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH 3 weeks

334X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis, generalized — ?

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1-, 1950, to 5-22-, 1950, that I last saw the deceased alive on May 22, 1950, and that death occurred at 11 40/a m., from the causes and on the date stated above.

SIGNATURE B Cox (Degree or title) M.D. ADDRESS Easton, Md DATE SIGNED 5/24/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF May 26 1950 | NAME OF CEMETERY OR CREMATORY Sherry Hill Cemetery | LOCATION (City, town, or county) Easton Md (State)

DATE REC'D BY LOCAL REG. 5/23/50 | REGISTRAR'S SIGNATURE N.H. Weirus | 24. FUNERAL DIRECTOR John H Williams ADDRESS

22295

RECEIVED
MAY 27 1950
BUREAU V. S.

05506

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Minnie (Middle) (Last) Russell

4. DATE OF DEATH (Month) May (Day) 21 (Year) 1950

5. SEX Female

6. COLOR OR RACE Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH October 5-1880

9. AGE last birthday 69 yrs. If under 1 year: Months 7 Days 16 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Ivytown, Easton R.D. Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Chase

14. MOTHER'S MAIDEN NAME Georgianna Slow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Samuel Brice Jr Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Parenchymatous Nephritis

591X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Exposure to weather

132 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 2, 1950, to May 21, 1950, that I last saw the deceased alive on May 21, 1950, and that death occurred at 9.45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Haynard J. Webb M.D

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF May 25/50 NAME OF CEMETERY OR CREMATORY Ivytown Cemetery LOCATION (City, town, or county) Easton R.D. (State) Md

DATE REC'D BY LOCAL REG. 5/23/50 REGISTRAR'S SIGNATURE M. H. Neeves

24. FUNERAL DIRECTOR John D. Williams ADDRESS Easton Md

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05507

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md.; LENGTH OF STAY (in this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely, Md. (Rural); STREET ADDRESS (If rural, give location) Between Ridgely & Denton, Md.

3. NAME OF DECEASED (Type or Print): (First) David; (Middle) William; (Last) Thompson

4. DATE OF DEATH: (Month) May; (Day) 15; (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 15 1890

9. AGE last birthday: 59 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saw mill worker

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): Conn

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Thompson

14. MOTHER'S MAIDEN NAME: Dora Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT: Mrs Dora Thompson (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Tetanus — INTERVAL BETWEEN ONSET AND DEATH: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 061K 175e

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN) Ridgely (COUNTY) Caroline (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): May 7 1950 m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Struck on rt arm by board.

22. I hereby certify that I attended the deceased from 5-13, 1950, to 5-15-, 1950, that I last saw the deceased alive on 5-15-, 1950 and that death occurred at 1:15 p.m., from the causes and on the date stated above.

SIGNATURE: W Cox (Degree or title) M.D. ADDRESS: Easton Md DATE SIGNED: 5-16-50

23. BURIAL, CREMATION / REMOVAL (Specify): Burial; DATE THEREOF: 5/18/50; NAME OF CEMETERY OR CREMATORY: Denton; LOCATION (City, town, or county): Denton; (State): Md

DATE REC'D BY LOCAL REG.: 5/16/50; REGISTRAR'S SIGNATURE: M. H. Nevins; 24. FUNERAL DIRECTOR: Virgil Moore & Sons; ADDRESS: Denton, Md

24K 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 23 1950
BUREAU OF S